INFORMATION SYSTEMS ADVISORY COMMITTEE
Red Lion Hotel – Sacramento Inn
November 7-8, 2000
8:30 a.m.- 4:30 p.m.

Committee members present (all/part of meeting):

Keith Longie, Co-Chair, IHS, Phoenix Area
Don Kashevaroff, Co-Chair, Seldovia Village Tribe
Richard Church, CIO, IHS Headquarters East
Floyd Dennis, IHS, Nashville Area
Susie John, IHS, Tuba City
Carolyn Johnson, IHS, Warm Springs
Molin Malicay, Sonoma County Indian Health
Jim Roberts, National Indian Health Board
Ron Wood, Executive Officer, IHS, Navajo Area
Jaloo Zelonis, Nurse Consultant, IHS, National
   Clinical Councils

Committee members absent:

Mike Danielson, IHS, Billings Area (excused)
E. Crispin Kinney, IHS Headquarters East
Diane Montella, Tribal, Clinician (resigned)
Jerry Shanks, IHS, Claremore (excused)

Additional participants:

Bob Beneke, ISCs, Aberdeen Area
Paul Fardig, IHS Headquarters East
Glen Fowler, Business Office PSG, IHS,
   Phoenix Area
Wayne Isaacs, Sonoma County Indian Health
Toni Johnson, Business Office PSG, IHS,
   California Area
Margo Kerrigan, Director, IHS, California Area
Cynthia Larsen, Business Office PSG, IHS,
   Billings Area
Karen M. Mitchell, Admin. Support, ANTHC
Russ Pittman, Dir. of ITSC, IHS, Albuquerque Area
Taylor Satala, Director, IHS, Tucson Area
Roland Tanner, Acting Dir., DIRM, IHS, Phoenix
Chuck Walt (representing Dawn McCusker, Great
   Lakes Inter-Tribal Council)
Sandra Winfrey, IHS Albuquerque Area

Tuesday, November 7, 2000

The meeting was called to order at 8:45 a.m.   Margo Kerrigan, Director, California Area, welcomed the group to Sacramento and briefly reviewed California Area history.

REVIEW OF MEETING LOGISTICS/OBJECTIVES

The agenda for both days of the Information Systems Advisory Committee (ISAC) meeting was reviewed. Agenda additions/revisions: under ITA, mainly sharing of comments; and under IT Budget Request, additional time will be needed to address this issue.

STANDING REPORTS   *ISAC Co-Chairs*

Discussion of ISAC membership:

- Self-Governance—seat previously filled by Pat Knox-Nicola is still vacant, with recommendation forthcoming.
- Tribal-Clinician—Dr. Diane Montella has resigned due to other commitments; her replacement will serve a two-year term.

Noted that the vacant committee seats are up for appointment in March.

Follow-up required:. ISAC members were requested to nominate replacements for the committee seats up for appointment at the beginning of 2001 (keeping in mind that seats are not Area specific, and that this is an opportunity to address the other specialty groups wanting to join ISAC). The ISAC Co-Chairs will draft a letter to Dr. Trujillo suggesting possible replacements.

ITSC Update   *Russ Pittman*

Discussion highlights are noted below (refer also to the distributed project status sheet and diskette).

- **Staffing and Contract:** review of current vacancies—Deputy Director, Supervisor CSMT, Project Manager, Software Architect, Security Officer (technical), and Management Analyst. Projected ITSC staffing is 90 (half will be contractors). There are currently three RPMS Mumps Programmer vacancies; two more contractors will be lost.

  OPM—work underway for new classifications and supplemental salaries for IT workers. Noted that if advocated for, IT can be included under the 437 scholarships; the list is reviewed annually.

  Contracts—major changes, 40 Uniband moved to Datacom. Noted controversy with salary and benefits, which will need to be restructured. Federal data—GSA changed nationwide (same people, but different contractors); funded for another quarter. Mark Delaney—task order to work on Caché and user support is finished.

  Follow-up required: IT position descriptions and OPM special pay information will be posted to the ISAC website.

- **Internet connectivity:** NPABQ upgraded—inbound through Albuquerque, with outbound through Albuquerque, Headquarters East, and Tucson. E-mail—in the process of rerouting. Question in regard to e-mail failure—will not be affected as business services are point-to-point.

- **Mitretek Telecomm Analysis:** traffic analysis underway, with development of a growth plan for data, voice, and video traffic (based on cost only).

- **Distance Learning**: DIR will provide over 200 online technical courses through NetG/Skillsoft; all courses are downloadable. Licenses are available for 249 IT staff, both tribal and urban (licenses run November to November). Course roll out will occur in November. A training page is available on the ITS website. Courses will be open to all after IT uses.

- **Envoy:** a meeting was held the week of October 30 in regard to development. Next phase—eliminate PCs, patched RPMS. Forty systems will be installed over the next couple of months.

- **Pyxis:** final specifications will be submitted to sites to see if needs will be met.

- **Transworld:** software completed; alpha installation is next.

- **ILC PCC Forms:** Warm Springs and Crow have customizable forms up and running. Forms were installed at Gallup the week of October 30. Four more sites have been trained. Discussions need to occur with other sites in regard to training and routines to orient and develop processes. The cost per site is $9,000 - $13,000 and is supported through the beta phase.

- **Security:** the first vendor defaulted; new vendor is Cisco. Roll out will occur in December.

- **Data Quality:** Navajo is being worked on. Thirty issues were found and are being addressed (data entry, coding issues, and field omissions).

- **Telecommuting:** standards have been completed.

- **Pharmacy Point of Sale Billing:** POS, up in Oklahoma and Billings. Phoenix—the modem is up and billing will be tested soon. Third testing site is Santa Fe. Policies and procedures will be worked on, including a contract boilerplate for major payors.

- **Caché:** is moving forward, the big issues are technology problems—not feeling good about interconnecting the different pieces; patches can fix this. Roll out is expected later this fiscal year and will take eighteen months to complete.

- **Executive Information System:** EIS, a facility based system, has been completed and is being tested. The five elements of EIS include: inpatient, census, laboratory, pharmacy, and finances. Roll out to Portland first, then nationwide (out by the end of the year). Benchmarks were decided by a workgroup; contact is Russ Pittman.

- Workgroups: Knowledge Management, A/R, Caché, ITA, and video conferencing—desktop based with agreed to standards. Data Movement, the process as a whole with site parameters. Master Patient Index (MPI), identifies each person uniquely and data can be retrieved daily; MPI will cost $400,000 to $600,000 to implement and is an unfunded project.

  Follow-up required: a recommendation is needed in regard to MPI. This issue will be discussed at the Executive Leadership Group (ELG) meeting in San Diego, California on December 14; request made that an ISAC representative attend this meeting.

- FY 2001 Project Plan (review of summary sheet): the plan is complete and moving from Level I to II of the Computer Software Maturity Model. Noted that only a small amount of the projects can be completed due to funding level and the 140+ listed projects are based on ISAC priorities (Gantt chart explains as well); all are supportive of the ITIRB process. Discussion of PIMs, PCC, and issues being worked on.

  Follow-up required: request made for the Director of ITSC, IHS Albuquerque Area, to revise the FY 2001 Project summary sheet to incorporate discussed revisions—sort by ISAC priorities, sort projects by those addressing HIPAA, include pricing information (in-house/not in-house), and add percentage toward completion for projects under each priority (semi- and annual basis).

- Tribal Shares Service Level Agreements (review of worksheet): the SLA has been written, needs are outlined and costs are broken out by category. The goal is to incorporate data into the negotiation process with more detailed information that is not included in the AFA currently. Noted issues are tribes taking their shares and not leaving Area funds—need to link what items relate to others.

  Follow-up required: packages will be by level of service, with a description of the services to be provided.

- FY 99 User Population/Level of Need Funding: pushing to use FY 99 User Population figures (three years of patient visits). LNF—$40 million is available using most recent numbers for calculations. Noted concern with numbers available for use by January 2001. Discussion of how Areas arrive at user populations—varies by method; i.e., chart reviews, legal agreements, etc.

- Issues: October power failure—affected telephone system, UPS computer system, and SiteSeer telephone alerting (private service monitoring web pages). Internet services—University of Alaska advertising out services. Department of Justice—request for data delayed based on user populations and computer system problems (using data to review for cancer based on tobacco usage). Alaska gateway—utilizes own Internet connection, with no security built in; a gateway is needed (cost is $90,000 and is an architectural problem/policy issue).

- Security:
  1. Norton Antivirus—approximately 15,000 licenses, with ISCs notified; requests go through Area offices and the first year's maintenance is covered.
  2. SMTP Gateway
  3. Firewalls/VPN/Intrusion Detection/Virus Assessment—policy implemented week of October 30 in regard to disconnecting offenders; if transmitting viruses, the router will disconnect until corrected.
  4. SPAM—reconfiguration
  5. ISSO/Server Admin—monthly conference call
  6. CERT/Virus Team
  7. Policy on Internet Use—national policy
  8. Tivoli/Peregrine-Enterprise Information management (EIM) tools—DHHS purchased software; the software maps network and outlines (pushes software, loaded on PCs/servers)
  9. Consolidation—encourage, separate from ISAC, with one site handling security services (not each doing their own mail servers)

- Draft Policies: available for review and range from capital planning and investment control to virus prevention, detection, removal and report. Dr. Richard Church will distribute companion policies for comment.

- FY 2001 Additional Funding: $3 million for Telecommunications/RPMS, $1.8 million after tribal shares.

The group broke for lunch at 12:15 p.m., reconvening at approximately 1:45 p.m.

INFO TECH STAFFING FOR IHS   Co-Chair Keith Longie

Discussion of the IT FTE distribution in regard to position needs. Roland Tanner, ISC Chair, surveyed the Areas in terms of ADT staff within the Areas and Service Units (staffing adequate for volume). RIM staffing is based on variables. Noted that a model is not available to benchmark for services that need to be carried out; suggestion made to look at private sector staffing guidelines.

Discussion of FTE distribution planning. Noted that a reasonable IT structure is needed in regard to the driving factors—fixed and variable staffing. Discussion of who should develop the Resource Requirements Methodology (RRM) staffing (framework needs to project for core set of services/baseline staffing patterns).

Follow-up required: the ISCs will be requested to address this issue by developing a staffing model which outlines up to three options (fixed/variable) for ISAC review and approval. ISAC Co-Chair Keith Longie will distribute the FTE distribution worksheet to ISAC members; this issue will also be revisited at the next face-to-face meeting.

FIVE-YEAR PLAN – ITA DISCUSSION   Russ Pittman

Brief review of discussions from the August meeting and solicited comments. Noted that it will cost $82.2 million over five years to develop the ITA infrastructure. No further action taken.

THIRD-PARTY BILLING   Business Office PSG Representatives

Business Office Professional Specialty Group (PSG) members reviewed third-party billing issues for consideration by ISAC. PSG representatives included Cynthia Larsen, Billings Area, PSG Chair; Glen Fowler, Phoenix Area; and Toni Johnson, California Area.

Discussion highlights:

- Objective—is to maximize/optimize third-party resources/reimbursements, address concerns with national reimbursement system, and eliminate misinformation in regard to the third-party billing system capabilities.
- PSG function—active for five years and addresses I/T/U needs, establishes/reports activities to leadership, and works on initiatives. Review of current initiatives: partnerships, technology enhancements, electronic data interchange, and revenue enhancements.
- Subgroups—include patient registration, A/R, third-party and have been in place for four years, with eight to ten members on each group. End users polled to address enhancements/error correction.
- Issues—range from the Medicaid/Medicare eligibility download to HIPAA compliance.

The Business Office PSG would like ISAC's third-party recommendation that was developed at the August 22-23, 2000, meeting to note that in regard to the use of clearinghouses, with reference to Envoy, that this is an option. Noted that ISAC's recommendation was in regard to the long-term—maintenance and compliance.

Follow-up required: the Business Office PSG recommendation language will be further reviewed by ISAC and the ISAC's original recommendation for support of Envoy interfaces be reconsidered.

IT BUDGET REQUEST - INFRASTRUCTURE IMPROVEMENT   Dr. Richard Church

The IT budget request has been presented to the ELG and Indian Leadership Health Council (IHLC) on several occasions. The budget is for $82.2 million over five years ($16.4 million/year, which is .06% of the total IHS budget). The three funding options that have been recommended include:

- Option one—have Congress pay, the pro/con is that this cannot be done anytime soon.
- Option two—take monies off the top over one to five years, which would require extensive tribal consultation and is unlikely to pass.

- Option three—take $13 million from the different Areas and make self-sustaining from IHS direct monies (some Areas do not have the funding to do).

The ELG has recommended option three. The IHLC would like to move forward with the $30 million that is available and have ISAC redevelop options for presentation at next their meeting. Shared comments in regard to the Area Director's perspective—no choice but to move forward; however specific detail is needed. The main goal is to bring the system as a whole up to speed.

Issues that need to be reviewed include:

- Prioritize what will bring the highest return on investments—immediate results for Areas
- Impacts to Area budgets—what will need to be contributed and is this a fair share
- Growth path breakdown

Further discussion of the IT budget request was tabled for review for the second day of the meeting during the recommendation development session.

The group adjourned for the day at approximately 5 p.m.

Wednesday, November 8, 2000

The meeting was called to order at 8:45 a.m. Agenda items for the day were reviewed.

IT BUDGET REQUEST - CONTINUATION OF DISCUSSIONS

Continued discussion of the IT budget request. Noted that the ELG is providing direction to the IHLC in regard to the IT budget proposal. ISAC needs to agree on a budget request that the Director of ITSC, IHS Albuquerque Area, can re-present to the ELG (they have already assumed ISAC will move forward in addressing). The thought was to ask the I/T/Us to contribute a ½ percent of $2 billion for two years, with 25-33% of Medicare/Medicaid contributed for following years. Three million dollars is available this year, with remaining funds spent over five years.

Proposal discussion highlights:

- Break out Area and Service Unit and list out needs to fund from there—outline what the deficits are and what the money will be used for. ISAC tells them what the needs to be focused on are.
- For those separated from IHS due to non-use of services—mechanism is still needed to submit data to the Data Center.
- If national effort, may not need $13 million, rather a smaller figure
- Performance standards—establish
- Tap third-party billing—breakdown costs for tribes to take their own responsibility and let them figure out how to address.
- Develop national IT standards—noted that there is not a national IT cost listing (hard to track). Specifications can be developed in order to run third-party package within timelines. Collections can go toward improving standards, with goals set for increases. Noted that Service Units struggle with how to address IT needs with no principle to spend (start-up costs).
- Complications—in regard to systems that are free and the use of Envoy. How does this play in. The good of the I/T/U needs to be brought forward.
- Present benefits—state standards specifically that part of the $82.2 million will pay for. Need to demonstrate how money will be put to work in each Area.
- Other IT focuses—HIPAA like Y2K, LNF, and diabetes monies (justification can be tied to specific objectives)
- Other funding sources—grants/foundations, may take awhile to get funds
- Resources that can be redirected—LNF, will have to convince and work on a formula (possible for this fiscal year); HIPAA, request Congress and use for ITI; and diabetes, one time use to improve diabetes billing (use of funds would be scrutinized).

Brainstorming of budget options:

- Three original options
- I/T/U budget of $2 billion—Medicare/Medicaid collections of $400 million, with years one through six contributions of one half of a percent ($10 million)
- Get out monies from $40 million LNF in relation to the IHCIA
- Those who benefit pay proportionally
- Use diabetes monies
- Ask Congress for monies for HIPAA and use for ITI plan
- Seek grants/foundations/loans
- Seek a loan—tax third-party increases to pay back
- MPDP monies
- Sell—split out national costs versus Service Unit costs (need $7.1 million/year nationally)
- Consensus—A (I/T/U budget) + B (LNF)+ D (Diabetes)+ G (MPDP), combining each to get money (percentage from each).
- Have 1) service level assessment (occurring at same time) for each operating unit and Area office which will determine unmet needs to support IT (ascertain needs). Makes Areas review their operating standards, which assists in developing their budgets (bring them up to a level). 2) Define operating standards—equipment, software, staffing, and other operating costs (licensing, security issues, etc.). Define standards to determine costs.
- Any national development benefits anybody or maximize to most people, quantity vs. people —small tribes will not see benefit.
- Any development will increase revenue and improve patient care
- Most of benefit is for operating units
- I/T/U budget, use three years instead six years at $10 million/year

The group broke for lunch break at 12 p.m., reconvening at approximately 1:30 p.m.

ISAC members resumed discussions in regard to the IT budget request.

Follow-up required: IT budget request, 1) a service level assessment will be completed for each operating unit and Area office, which will determine unmet needs to support IT; and 2) operating standards will be defined—equipment, software, staffing, and other operating costs (licensing, security issues, etc.).

Information Technology budget request funding agreed to by ISAC members—get $36 million (national), tapping new money first: LNF, Diabetes, and HIPAA (if Congress approves), and Medicare PDP. Then if needed, contributions will be requested from I/T/Us—one half a percent ($10 million) over three years.

The ISAC Co-Chairs and Taylor Satala, Director, IHS, Tucson Area, will attend the December IHLC meeting with the Director of ITSC, IHS Albuquerque Area.

DATA AVAILABILITY—LNF/CHS DISTRIBUTIONS

Discussion highlights in regard to improvements:

- DB2—switched to (problems encountered previously with data deletion)
- Web services—moving (same box showing data)
- Power services—two power failures in past six months
- Redundant Array of Independent Disks (RAID)—previous problem, the data has been split and can be accessed simultaneously
- Extended storage services—from IBM, large hard drives, which can hold 10 years worth of data (separate databases for each year in the works)
- Backup array/online backup—could not be done previously without shutting down. Can now be done without staff and holds 25 tapes.
- Tapes to CD-rom

- CHS data merged—missing dental/discharge date information for 1998/1999 user populations
- Community of residence—changed in 1994 to number feature; names, however, were misspelled, so some exported data notes unknown. The problem was fixed in 1998 and a patch is being released to fix this issue moving forward (corrects misspelling and notes at the user end that information needs to be corrected).
- Unduplication—pricing to fix database is $154,000 to $260,000. SASS was purchased which has the same capability (filters database to see if it can fix). It will take a full year to deal with this issue nationwide.

Discussion highlights in regard to possible policy issues (to deal with data collection/fixing errors):

- Master Patient Index—deals with unduplication by assigning a code to the patient. There is no money in the budget to fund this purchase, which would cost between $400,000 to $600,000 (part of $82.2 million). Modules can be purchased to fit needs. Time saved would be 35%, and it would take less than one year to payback purchase.
- Data movement—currently, facilities submit data to data center, which is inefficient. Data needs to be pulled weekly (current status, not including backlog). Deadlines are being set for pulling data to improve feedback. This can be tied back to the Service Unit Directors. A core data set is needed to eliminate political issues, leaving options for reporting.
- Stat/Planning Officers Workgroups—six workgroups were formed to look at various items. Noted concern that there are no IT or tribal/management participants.
- User Population—1999 numbers will be out November 10, 2000. Calculated numbers are for review of any errors, since 1998 numbers had complete parts of years missing

Follow-up required: ISAC to check with the Stat Officers User Population group in regard to IT focus. This issue will be discussed at the Tribal Self-Governance Advisory Committee meeting in San Francisco, California, November 27-30, 2000.

RECOMMENDATION DEVELOPMENT

Discussion of recommendation language for the issues listed below, with the action to be taken.

- Scholarship program, include staffing for IT
- Master Patient Index
- Data Movement (core data set)
- HIPAA Leadership, advocacy at leadership level (appointment of a HIPAA Coordinator at the national level)
- Tribal Negotiation Documents
- Packages by Service Level Agreement
- ISAC Member Replacement Position Letter
- Business Office PSG third-party billing recommendation—a letter will be drafted by ISAC which explains ISAC's position; the letter will acknowledge the Business Office Coordinators' request and note that the ITSC is working toward these goals and that the goals will be met within two years.

Follow-up required: the developed recommendations will be e-mailed to ISAC members for review and approval.

ISAC ANNUAL WORKPLAN

Discussion and review of the ISAC Annual Work Plan format drafted by Co-Chair Don Kashevaroff. The areas that needs to be developed by the ISAC are the measurable goals and the action steps that need to be taken in order to achieve the desired outcome.

Follow-up required: since the ISAC Annual Work Plan needs to be completed by January 2001, ISAC members were requested to brainstorm work plan measurements for submission to the ISAC Co-Chairs by November 13.

PLANNING FOR NEXT MEETING

The next conference call will be January 24, 2001, with the November and December calls canceled due to end-of-year activities.

The next face-to-face meeting will be in Phoenix, Arizona, February 13-14, 2000. Remaining meetings: May meeting will be in Seattle, Washington; the August meeting will be in San Diego, California; with the November meeting held in Minneapolis, Minnesota.

Future planning: Technology Fair will be held in Albuquerque, New Mexico, July 9-13, 2001.

The meeting adjourned for the day at approximately 4 p.m.

DRAFT

INFORMATION SYSTEMS ADVISORY COMMITTEE
Recommendation Development

437 Scholarship Program – IT Staffing:

Historically, the availability of American Indian/Alaska Natives to fill positions within the I/T/U system has facilitated recruitment and retention. The 437 Scholarship system has been valuable in increasing the availability of qualified American Indian/Alaska Natives. As information technology becomes increasingly important to all aspects of Indian health care, the need for qualified computer and software specialists is also increasing. Therefore, the Information Systems Advisory Committee recommends that information technology be added as a qualifying field of study for 437 scholarships.

Master Patient Index:

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Data Movement:

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HIPAA Leadership:

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Tribal Negotiations Documents:

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Packages by Service Level Agreement:

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ISAC Member Replacement Letter:

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Business Office PSG Third-Party Billing:

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